



**Board for Waste Management Facility Operators
EXPERIENCE VERIFICATION FORM**

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by the supervisor or personnel officer at the employer listed in **Section A #5** and returned to the Virginia Board for Waste Management Facility Operators at the address printed above. **Additional forms should be completed for each employer verifying your experience.**

Section A

1. Name
First Middle Last Generation (SR, JR, III)
2. Social Security Number *
[] [] [] - [] [] - [] [] [] []
3. Mailing Address
City, State, Zip Code
4. Telephone & Facsimile Numbers
() - () - ()
Telephone Facsimile Beeper/Cellular
5. Employer
6. Employer's Address
7. Job Title
8. Dates of Employment From To
9. Describe your daily job activities in detail. Include how much time you spend at the site, your duties, and how many individuals you supervise. Inadequate job descriptions will be returned for additional information.
10. Supervisor's Name
11. Supervisor's Title

Section B

Is/was the applicant employed during the time period indicated in Section A #8?

Yes ☐

No ☐ If no, when was the applicant employed? _____

Is the job description in Section A #9 accurate and complete?

Yes ☐

No ☐ If no, what changes should be made? _____

Certifying Supervisor's Name & Title _____

Certifying Supervisor's Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.